AMENDED IN SENATE MAY 9, 2001 AMENDED IN SENATE APRIL 16, 2001

SENATE BILL

No. 658

Introduced by Senator Escutia

February 23, 2001

An act to amend Sections 790.034 and 2071 of, *and to add Sections* 2071.1 and 10082.3 to, the Insurance Code, relating to insurance.

LEGISLATIVE COUNSEL'S DIGEST

SB 658, as amended, Escutia. Insurance.

Existing law provides for regulation of insurers by the Insurance Commissioner and requires that regulations adopted by the commissioner take into consideration settlement practices by classes of insurers. Existing law establishes a standard form of fire insurance policy for this state. Existing law prohibits a person from engaging in specified unfair methods of competition and deceptive acts or practices in the business of insurance.

This bill would require an insurer to provide an insured with certain information relating to unfair methods of competition and deceptive acts or practices in the business of insurance in its initial response to a claim. The bill would modify the standard form of fire insurance policy for this state relative to the obligations of the insured and insurer and to appraisals -and, adjusters, and loss requirements.

The bill would also require that all conditions applicable to loss requirements, appraisals, and adjustors contained in standard form fire insurance policies apply to residential insurance policies and basic residential earthquake insurance policies.

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Vote: majority. Appropriation: no. Fiscal committee: no yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Existing legal protections for insurance policyholders proved to be inadequate after the Northridge 3 earthquake. The public requires additional safeguards against unfair claim settlement practices by insurance companies. It is the intent of the Legislature that the provisions of this act add basic 5 consumer protections to those currently set forth in the Insurance 7 Code and supporting regulations. It is also the intent of the Legislature that the provisions of this act apply to all property insurance policies sold in the state, including, but not limited to, 10 fire insurance policies, residential property insurance policies, basic residential earthquake insurance policies, and policies 12 issued by the California Earthquake Authority. 13

SEC. 2. Section 790.034 of the Insurance Code is amended to read:

Regulations adopted by the commissioner pursuant to this article that relate to the settlement of claims shall take into consideration settlement practices by classes of insurers.

In its initial response to a claim, an insurer shall send to the insured a legible reproduction of Section 790.03, in at least 12-point type, and a copy of the most current version of the Fair Claims Settlement Practices Regulations as set forth in subchapter 7.5 of Chapter 5 of Title 10 of the California Code of Regulations. Upon receiving notice of a claim, every insurer shall immediately, but no more than 15 calendar days after receipt of the claim, provide the insured with a legible reproduction of Section 790.03 of the Insurance Code, in at least 12-point type and a written notice containing the following:

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"In addition to Section 790.03 of the Insurance Code provided, 30 Fair Claims Settlement Practices Regulations govern how insurance claims must be processed in this state. These regulations are available on the Internet at www.insurance.ca.gov. You may also obtain a copy of these regulations free of charge from your claims adjuster."

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Every insurer shall provide, whether requested orally or in 1 2 writing by a claimant, a copy of the Fair Claims Settlement Practices Regulations as set forth in Sections 2695.5, 2695.7, and 2695.9 of subchapter 7.5 of Chapter 5 of Title 10 of the California Code of Regulations. These regulations shall be provided to the 5 claimant within 15 calendar days of request. 7 SEC. 3. Section 2071 of the Insurance Code is amended to 8 read: 9 2071. The following is adopted as the standard form of fire 10 insurance policy for this state: 11 12 California Standard Form Fire Insurance Policy 13 14 No. Space for insertion of name of company or companies issuing 15 the policy and other matter permitted to be stated at the head of the 16 17 policy.] 18 [Space for listing amounts of insurance, rates and premiums for 19 the basic coverages insured under the standard form of policy and 20 for additional coverages or perils insured under endorsements 21 attached.] 22 In consideration of the provisions and stipulations herein or added hereto and of _____ dollars premium this company, for the 23 24 term of _____ from the _____ day of ____ , 20___ $\$ At 12:01 a.m., to the ____ day of ____ , 20___ $\$ standard time, 25 26 27 at location of property involved, to an amount not exceeding _ dollars, does insure ____ and legal representatives, to the extent of the actual cash value of the property at the time of loss, but not exceeding the amount which it would cost to repair or replace the 31 property with material of like kind and quality within a reasonable 32 time after such the loss, without allowance for any increased cost 33 of repair or reconstruction by reason of any ordinance or law regulating construction or repair, and without compensation for 34 35 loss resulting from interruption of business or manufacture, nor in any event for more than the interest of the insured, against all 37 LOSS BY FIRE, LIGHTNING AND BY REMOVAL FROM PREMISES ENDANGERED BY THE PERILS INSURED AGAINST IN THIS POLICY, EXCEPT AS HEREINAFTER

PROVIDED, to the property described hereinafter while located

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or contained as described in this policy, or pro rata for five days at each proper place to which any of the property shall necessarily be removed for preservation from the perils insured against in this policy, but not elsewhere.

Assignment of this policy shall not be valid except with the written consent of this company.

This policy is made and accepted subject to the foregoing provisions and stipulations and those hereinafter stated, which are hereby made a part of this policy, together with such any other provisions, stipulations and agreements as may be added hereto, as provided in this policy.

IN WITNESS WHEREOF, this company has executed and attested these presents; but this policy shall not be valid unless countersigned by the duly authorized agent of this company at

	Secretary.		Pres	sident.
Countersigned this		day of	, 20	
				Agent

Concealment, fraud

This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.

Uninsurable and excepted property

This policy shall not cover accounts, bills, currency, deeds, evidences of debt, money or securities; nor, unless specifically named hereon in writing, bullion or manuscripts.

Perils not included

This company shall not be liable for loss by fire or other perils insured against in this policy caused, directly or indirectly, by: (a) enemy attack by armed forces, including action taken by military, naval or air forces in resisting an actual or an immediately impending enemy attack; (b) invasion; (c) insurrection; (d)

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rebellion; (e) revolution; (f) civil war; (g) usurped power; (h) order of any civil authority except acts of destruction at the time of and for the purpose of preventing the spread of fire, provided that such the fire did not originate from any of the perils excluded by this policy; (i) neglect of the insured to use all reasonable means to save and preserve the property at and after a loss, or when the property is endangered by fire in neighboring premises; (j) nor shall this company be liable for loss by theft.

Other insurance

Other insurance may be prohibited or the amount of insurance may be limited by endorsement attached hereto.

Conditions suspending or restricting insurance

Unless otherwise provided in writing added hereto this company shall not be liable for loss occurring (a) while the hazard is increased by any means within the control or knowledge of the insured; or (b) while a described building, whether intended for occupancy by owner or tenant, is vacant or unoccupied beyond a period of 60 consecutive days; or (c) as a result of explosion or riot, unless fire ensue ensues, and in that event for loss by fire only.

Other perils or subjects

Any other peril to be insured against or subject of insurance to be covered in this policy shall be by endorsement in writing hereon or added hereto.

Added provisions

 The extent of the application of insurance under this policy and of the contribution to be made by this company in case of loss, and any other provision or agreement not inconsistent with the provisions of this policy, may be provided for in writing added hereto, but no provision may be waived except such as by the terms of this policy or by statute is subject to change.

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Waiver provisions

No permission affecting this insurance shall exist, or waiver of any provision be valid, unless granted herein or expressed in writing added hereto. No provision, stipulation or forfeiture shall be held to be waived by any requirement or proceeding on the part of this company relating to appraisal or to any examination provided for herein.

Cancellation of policy

This policy shall be canceled at any time at the request of the insured, in which case this company shall, upon demand and surrender of this policy, refund the excess of paid premium above the customary short rates for the expired time. This policy may be canceled at any time by this company by giving to the insured a five days' written notice of cancellation with or without tender of the excess of paid premium above the pro rata premium for the expired time, which excess, if not tendered, shall be refunded on demand. Notice of cancellation shall state that said excess premium (if not tendered) will be refunded on demand.

Mortgagee interests and obligations

If loss hereunder is made payable, in whole or in part, to a designated mortgagee not named herein as the insured, such the interest in this policy may be canceled by giving to such the mortgagee a 10 days' written notice of cancellation.

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 If the insured fails to render proof of loss such the mortgagee, upon notice, shall render proof of loss in the form herein specified within sixty (60) days thereafter and shall be subject to the provisions hereof relating to appraisal and time of payment and of bringing suit. If this company shall claim that no liability existed as to the mortgager or owner, it shall, to the extent of payment of loss to the mortgagee, be subrogated to all the mortgagee's rights of recovery, but without impairing mortgagee's right to sue; or it may pay off the mortgage debt and require an assignment thereof and of the mortgage. Other provisions relating to the interests and obligations of —such the mortgagee may be added hereto by agreement in writing.

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Pro rata liability

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This company shall not be liable for a greater proportion of any loss than the amount hereby insured shall bear to the whole insurance covering the property against the peril involved, whether collectible or not.

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Requirements in case loss occurs

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The insured shall give written notice to this company of any loss without unnecessary delay, protect the property from further damage, forthwith separate the damaged and undamaged personal property, put it in the best possible order, furnish a complete inventory of the destroyed, damaged and undamaged property, showing in detail quantities, costs, actual cash value and amount of loss claimed; and within 60 days after the loss, unless such the time is extended in writing by this company, the insured shall render to this company a proof of loss, signed and sworn to by the insured, stating the knowledge and belief of the insured as to the following: the time and origin of the loss, the interest of the insured and of all others in the property, the actual cash value of each item thereof and the amount of loss thereto, all encumbrances thereon, all other contracts of insurance, whether valid or not, covering any of said property, any changes in the title, use, occupation, location, possession or exposures of said property since the issuing of this policy, by whom and for what purpose any building herein described and the several parts thereof were occupied at the time of loss and whether or not it then stood on leased ground, and shall furnish a copy of all the descriptions and schedules in all policies and, if required and obtainable, verified plans and specifications of any building, fixtures or machinery destroyed or damaged. An examination under oath may only be conducted upon reasonable notice at a reasonably convenient time and place and for a reasonable length of time, not to exceed eight hours. The scope of the examination shall be limited to information that is relevant and necessary to process or determine the claim. This company shall notify the insured in advance that the insured may tape-record the examination and be represented by counsel. The applicable provisions of the Evidence Code and the Code of Civil Procedure relating to depositions shall govern an examination under oath.

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 Insureds enjoy all statutory and constitutional protections and privileges when submitting to examinations under oath. All evidentiary objections, except as to the form of a questions, are preserved. This company will provide a copy of the transcript of the examination under oath to the insured free of charge within two weeks of completion of the examination proceeding.

The insured, as often as may be reasonably required, shall produce for examination all that remains of any property herein described, and all relevant books of account, bills, invoices, or other vouchers, or certified copies thereof if the originals are lost, at a reasonable time and place and shall permit copies thereof to be made. The insured is not obligated to produce copies of privileged materials including tax returns and shall be informed of that fact by this company.

Upon a request from an insured, this company will apprise that insured of the status of the claim investigation, and provide copies of all pertinent information including, but not limited to, repair or replacement estimates, appraisals, and other claim related documents, except where such information evidences fraud by the insured which may be concealed by this company until the investigation is complete and a formal denial has been issued, and except those documents that are specifically prohibited by laws on medical privacy from being disclosed to the insured.

If the examination under oath is conducted by an attorney in advance of litigation, the insurer shall pay the reasonable cost of an attorney retained by the insured relative to the examination. The insured, as often as may be reasonably required and subject to the provisions of Section 2071.1, shall exhibit to any person designated by this company all that remains of any property herein described, and submit to examinations under oath by any person named by this company, and subscribe the same; and, as often as may be reasonably required, shall produce for examinations all books of account, bills, invoices, and other vouchers, or certified copies thereof if the originals be lost, at any reasonable time and place as may be designated by this company or its representative, and shall permit extracts and copies thereof to be made. The insurer shall inform the insured that tax returns are privileged against disclosure under applicable law but may be necessary to process or determine the claim.

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The insurer shall notify every claimant that they may obtain, upon request, copies of claim-related documents. For purposes of the section, "claim-related documents" means all repair and replacement estimates and bids, appraisals, scopes of work, drawings, plans, reports, consultant's findings, and other valuation, measurement and loss adjustment calculations pertaining to the claim. For purposes of this section, attorney work product and attorney-client privileged matters are excluded from this definition. Upon a request from an insured, the company shall provide the insured with copies of all claim-related documents except in instances in which the document evidences fraud by the insured or contains medically privileged information. Nothing in this section is intended to affect existing litigation discovery rights.

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Appraisal

In case the insured and this company shall fail to agree as to the actual cash value or the amount of loss, then, on the written request of either, each shall select a competent and disinterested appraiser and notify the other of the appraiser selected within 20 days of such request. However, the insured may decline to select an appraiser. If cases in which appraisers are required to be selected, the appraisers shall first selected within 20 days of the request. In the event either the insurer or the insured declines the request, neither party may compel appraisal. Where the request is accepted, the appraisers shall first select a competent and disinterested umpire; and failing for 15 days to agree upon such the umpire, then, on request of the insured or this company, such the umpire shall be selected by a judge of a court of record in the state in which the property covered is located. The appraisers shall then appraise the loss, stating separately actual cash value and loss to each item; and, failing to agree, shall submit their differences, only, to the umpire. An award in writing, so itemized, of any two when filed with this company shall determine the amount of actual cash value and loss. Each appraiser shall be paid by the party selecting him *or her* and the expenses of appraisal and umpire shall be paid by the parties equally.

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Adjusters

If the company assigns a third or subsequent adjuster to the same claim within a six-month period, the insured shall be provided with a summary of the status of the claim at the time of that assignment.

If, within a six-month period, the company assigns a third or subsequent adjuster to be primarily responsible for a claim, the insurer, in a timely manner, shall provide the insured with a written status report, in summary form, of the significant activities and agreements relating to the claim. For purposes of this section, "significant activities" means any decisions or actions that are relevant to the disposition of a claim, including, but not limited to, the amount of losses to structures or contents, the retention or consultation of design or construction professionals, the amount of coverage for losses to structures or contents and all items of dispute.

Company's options

It shall be optional with this company to take all, or any part, of the property at the agreed or appraised value, and also to repair, rebuild or replace the property destroyed or damaged with other of like kind and quality within a reasonable time, on giving notice of its intention so to do within 30 days after the receipt of the proof of loss herein required.

Abandonment

There can be no abandonment to this company of any property.

When loss payable

The amount of loss for which this company may be liable shall be payable 60 days after proof of loss, as herein provided, is received by this company and ascertainment of the loss is made either by agreement between the insured and this company expressed in writing or by the filing with this company of an award as herein provided.

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No suit or action on this policy for the recovery of any claim shall be sustainable in any court of law or equity unless all the requirements of this policy shall have been complied with, and unless commenced within 12 months next after inception of the loss.

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Subrogation

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This company may require from the insured an assignment of all right of recovery against any party for loss to the extent that payment therefor is made by this company.

- SEC. 4. Section 2071.1 is added to the Insurance Code, to read:
- 2071.1. This section applies to an examination of an insured under oath pursuant to Section 2071 labeled "Requirements in case loss occurs" and other relevant provisions of that section. This section shall also apply to any policy that insures property and contains a provision for examining an insured under oath.

The following are among the rights of each insured who is requested to submit to an examination under oath:

- (a) An insurer may conduct an examination under oath only to obtain information that is relevant and reasonably necessary to process or determine the claim.
- (b) An examination under oath may only be conducted upon reasonable notice, at a reasonably convenient place and for a reasonable length of time.
- (c) The insured may be represented by counsel and may record the examination proceedings in their entirety.
- (d) The insurer shall notify the insured that, upon request and free of charge, it will provide the insured with a copy of the transcript of the proceedings and a tape of the proceedings, if one exists. Where an insured requests a copy of the transcript, the tape, or both, of their examination under oath, the insurer shall provide 36 it within 10 calendar days of receipt by the insurer or its counsel of the transcript, the tape, or both. An insured may correct transcription errors so the transcript accurately reflects the testimony under oath.

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39 40 (e) In an examination under oath, an insured may assert any objection that can be made in a deposition under state or federal law.

- (f) If the insurer decides to have an examination under oath conducted by an attorney, the insurer shall pay the reasonable cost of an attorney retained by the insured relative to the examination. The insurer shall be entitled to seek reimbursement of this cost only where it is established that the insured submitted an intentionally fraudulent claim. Where an insurer provides an insured with written questions to be answered under penalty of perjury in place of an examination under oath, the insurer is not obligated to pay for an attorney to assist the insured in responding.
- SEC. 5. Section 10082.3 is added to the Insurance Code, to read:

10082.3. Notwithstanding any other provision of law, all insurers in this state offering residential property insurance policies pursuant to this chapter or basic residential earthquake insurance pursuant to Chapter 8.6 (commencing with Section 10089.5) shall comply with the following regarding loss requirements, appraisals, and adjusters.{C}Requirements in case loss occurs

The insured shall give written notice to this company of any loss without unnecessary delay, protect the property from further damage, forthwith separate the damaged and undamaged personal property, put it in the best possible order, furnish a complete inventory of the destroyed, damaged and undamaged property, showing in detail quantities, costs, actual cash value and amount of loss claimed; and within 60 days after the loss, unless the time is extended in writing by this company, the insured shall render to this company a proof of loss, signed and sworn to by the insured, stating the knowledge and belief of the insured as to the following: the time and origin of the loss, the interest of the insured and of all others in the property, the actual cash value of each item thereof and the amount of loss thereto, all encumbrances thereon, all other contracts of insurance, whether valid or not, covering any of said property, any changes in the title, use, occupation, location, possession or exposures of said property since the issuing of this policy, by whom and for what purpose any building herein described and the several parts thereof were occupied at the time of loss and whether or not it then stood on leased ground, and shall — 13 — SB 658

furnish a copy of all the descriptions and schedules in all policies 2 and, if required and obtainable, verified plans and specifications 3 of any building, fixtures or machinery destroyed or damaged. The insured, as often as may be reasonably required and subject to the provisions of Section 2071.1, shall exhibit to any person 5 designated by this company all that remains of any property herein 6 described, and submit to examinations under oath by any person 8 named by this company, and subscribe the same; and, as often as 9 may be reasonably required, shall produce for examination all books of account, bills, invoices and other vouchers, or certified 10 11 copies thereof if originals be lost, at such reasonable time and place as may be designated by this company or its representative, 12 13 and shall permit extracts and copies thereof to be made. The 14 insured, as often as may be reasonably required, shall exhibit to any person designated by this company all that remains of any 15 property herein described, and submit to examinations under oath 16 17 by any person named by this company, and subscribe the same; and, as often as may be reasonably required, shall produce for 18 examinations all books of account, bills, invoices, and other 19 20 vouchers, or certified copies thereof if the originals be lost, at any reasonable time and place as may be designated by this company 21 22 or its representative, and shall permit extracts and copies thereof 23 to be made. The insurer shall inform the insured that tax returns 24 are privileged against disclosure under applicable state law but 25 may be necessary to process or determine the claim.

The insurer shall notify every claimant that they may obtain, upon request, copies of claim-related documents. For purposes of the section, "claim-related documents" means all repair and replacement estimates and bids, appraisals, scopes of work, drawings, plans, reports, consultant's findings, and other valuation, measurement and loss adjustment calculations pertaining to the claim. For purposes of this section, attorney work product and attorney-client privileged matters are excluded from this definition. Upon a request from an insured, the company will provide the insured with copies of all claim-related documents except in instances in which the document evidences fraud by the insured or contains medically privileged information. Nothing in this section is intended to affect existing litigation discovery rights. {C}Appraisal

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In case the insured and this company shall fail to agree as to the actual cash value or the amount of loss, then, on the written request of either, each shall select a competent and disinterested appraiser and notify the other of the appraiser selected within 20 days of the request. In the event either the insurer or the insured declines the request, neither party may compel appraisal. Where the requested is accepted, the appraisers shall first select a competent and disinterested umpire; and failing for 15 days to agree upon the umpire, then, on request of the insured or this company, the umpire shall be selected by a judge of a court of record in the state in which the property covered is located. The appraisers shall then appraise the loss, stating separately actual cash value and loss to each item; and, failing to agree, shall submit their differences, only, to the umpire. An award in writing, so itemized, of any two when filed with this company shall determine the amount of actual cash value and loss. Each appraiser shall be paid by the party selecting him or her and the expenses of appraisal and umpire shall be paid by the parties equally.{C}Adjusters

If, within a six-month period, the company assigns a third or subsequent adjuster to be primarily responsible for a claim, the insurer, in a timely manner, shall provide the insured with a written status report on the significant activities and agreements relating to the claim. For purposes of this section, "significant activities" means any decisions or actions that are relevant to the disposition of a claim, including, but not limited to, the amount of losses to structures or contents, the retention or consultation of design or construction professionals, the amount of coverage for losses to structures or contents and all items of dispute.